MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05134

: 5128

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place) 42
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, Maryland
STREET ADDRESS (If rural give location) 42 1

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 3, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Anderson

14. MOTHER'S MAIDEN NAME: Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ida McDowell Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 177X DUE TO Carcinoma of Prostate Gland — Interval Between Onset And Death: 1 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1955 to 5/22, 1955, that I last saw the deceased alive on 5/22, 1955, and that death occurred at 9.46 p.m. from the causes and on the date stated above.

SIGNATURE Annie M. Bradford, M.D. (Degree or title) ADDRESS Pocomoke DATE SIGNED 5/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 5/29/55 — **NAME OF CEMETERY OR CREMATORY** Hall Hill Cem. — **LOCATION** (City, town, or county) (State) Pocomoke City, Maryland

DATE REC'D BY LOCAL REGISTRAR May 25, 1955 — **REGISTRAR'S SIGNATURE** Anne E. White

24. FUNERAL DIRECTOR Edgar Murphy — **ADDRESS** Newtown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05135

5130

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Worcester — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Snow Hill

LENGTH OF STAY (in this place): About 8 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Snow Hill

STREET ADDRESS (If rural give location): Market Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
George	H	Brown	5	29	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	A.A.	Married	9-20-1881	73 yrs.	8	2		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister	Baptist Church	Painter, Accomac Co., Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Brown	Mary L. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	None	Mrs. Laura L. Brown, Market St. Snow Hill, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Uremia — Interval Between Onset And Death: ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebro-Vascular Accident — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/28, 1955, to 5/29, 1955, that I last saw the deceased alive on 5/29, 1955, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas L. Jones, MD — ADDRESS: Snow Hill, Md. — DATE SIGNED: 5/31/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-2-55	Mt. Zion Church Cemetery	Painter, Accomac Co., Va.

DATE REC'D BY LOCAL REGISTRAR: June 3, 55 — REGISTRAR'S SIGNATURE: Elwyn E. Cooper — 24. FUNERAL DIRECTOR: J. F. Stewart Funeral Home — ADDRESS: Salisbury, Md.

5131

05136 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bishopville
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury 22122
STREET ADDRESS (If rural, give location) 423 Truitt St

3. NAME OF DECEASED: (Type or Print) (First) Elwood (Middle) C. (Last) Davidson

4. DATE OF DEATH (Month) May (Day) 9 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 18 1927

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Covington Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Lee Davidson

14. MOTHER'S MAIDEN NAME: Mabel Elizabeth Sandridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1945 - 46

16. SOCIAL SECURITY NO.: 226-28-0593

17. INFORMANT & ADDRESS: Rev W M Lowry Millsboro Del

18. MEDICAL CERTIFICATION Mrs. Mary Frances Davidson (wife) 423 Truitt St. Salisbury, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulled 100 yards by train with head pinned

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Factory

21c. (City or town) Near Shards (County) Worcester (State) Md

21d. TIME OF INJURY (Month) May (Day) 5 (Year) 1955 (Hour) 10 A.M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Dragged dead.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W E Sartorius M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED May 9, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 12 1955

NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. May 12-55

REGISTRAR'S SIGNATURE Hilda R. Bezey

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY

ADDRESS SALISBURY MARYLAND

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5132

CERTIFICATE OF DEATH

05137

Reg. Dist. No. 955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Flower St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural give location): Flower Street

3. NAME OF DECEASED: (Type or Print) (First) Leah (Middle) Jane (Last) Davis

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-6-1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 11 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Berlin, Woecester Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Smack

14. MOTHER'S MAIDEN NAME: Annie Predeau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Caldonia Henry, Flower St. Berlin, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 7 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Congestive Heart failure — about 7 days

DUE TO

(c) Hypertensive Cardio-vascular Disease — some years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 1955, to 5/15, 1955, that I last saw the deceased alive on 5/15, 1955, and that death occurred at 7AM-5/15/55 from the causes and on the date stated above.

SIGNATURE (Degree or title): Leroy M. Lively, Jr., M.D. — ADDRESS: Berlin, Md — DATE SIGNED: 5-17-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-18-55 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 5/18/55 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 324 E. Church St Salisbury, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05138

5133

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Worcester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill

LENGTH OF STAY (in this place): Most of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill

STREET ADDRESS (If rural give location): Market Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Ira	Wilson	Douglass	5	5	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	A. A.	Married	About 1891	64 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oystering	Pocomoke, Worcester Co. Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Silas Douglass	Annie Becketts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Flossie Douglass, Snow Hill, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Cerebro-Vascular Accident	4 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerotic cardiovascular disease DUE TO	?
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/27, 19 55, to 5/5, 19 55, that I last saw the deceased alive on 5/5, 1955, and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thomas L. Jones, M.D.	Snow Hill, Md	5/7/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-9-55	Cool Spring Cemetery	Girdletree, Worcester Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 9, 55	Elmer E. Cooper	Mary A. Stewart,	324 E. Church St. Salisbury, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5134

CERTIFICATE OF DEATH

05139
Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN
STREET ADDRESS (If rural give location) BROAD ST.

3. NAME OF DECEASED: (First) ZADOK (Middle) PURNELL (Last) HENRY JR.
4. DATE OF DEATH: (Month) MAY (Day) 16 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCT. 14 1867
9. AGE last birthday: 87 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOCTOR (MEDICAL)
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): BERLIN MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ZADOK P. HENRY SR.
14. MOTHER'S MAIDEN NAME: ELIZABETH DIRICKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NO
17. INFORMANT & ADDRESS: MRS. Z. P. HENRY, BERLIN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.2
(A) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (B)
OUE TO

OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) OUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE OID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW OID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19 . , to 5-16 ., 1955, that I last saw the deceased alive on 5-16, 1955, and that death occurred at 2:45 AM, from the causes and on the date stated above.
SIGNATURE Frank Lewis M. D. ADDRESS Millard Maryland DATE SIGNED 5-17-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 5/18/55
NAME OF CEMETERY OR CREMATORY: ST. PAULS CHURCHYARD
LOCATION (City, town, or county) (State): BERLIN MD

DATE REC'D BY LOCAL REGISTRAR: 5/18/55
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Irma A. Burbage
ADDRESS: Berlin Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05140

5135

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pocomoke
LENGTH OF STAY (in this place) 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
STREET ADDRESS (If rural give location) RFD 1

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) M. (Last) HILL

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 25, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Marshall

14. MOTHER'S MAIDEN NAME: Ellen Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 215-26-4362

17. INFORMANT & ADDRESS: Eldred C. Hill, Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1955, to May 6, 1955, that I last saw the deceased alive on May 6, 1955, and that death occurred at 9:30PM, from the causes and on the date stated above.

SIGNATURE E G Custalow M. D. ADDRESS Pocomoke DATE SIGNED 5/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5/9/55 — NAME OF CEMETERY OR CREMATORY Bethany ME Cemetery — LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR May 9, 1955 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5136

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05141
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Ocean City
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Talbot St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Ocean City
STREET ADDRESS (If rural, give location) 105 Talbot St

3. NAME OF DECEASED: (Type or Print) (First) CYRUS (Middle) SIDNEY (Last) JARMAN
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	W	Sept 19 1866	88 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Newark Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN Frank Jarman
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) n/a
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT & ADDRESS: JAMES N. JARMAN (SON) Ocean City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mesenteric Thrombosis, Jejunum	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (stating underlying cause last)	DUE TO (b) Arteriosclerotic C V D	10 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fell & bruised left Hip May '14 '55

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED May 20, 55.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/21/55	Taylorville	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-24-55	Helen K. Hayward	Anna A. Burbage	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05142

5129

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 613 Bank St. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pocomoke City, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6 13 Bank St.
STREET ADDRESS (If rural give location) Pocomoke City, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Jones

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3/12/1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.:

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Moore

14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Fred Jones Pocomoke City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Far advanced Tuberculosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) of lungs

DUE TO (c) TB Bacellus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1953, to 5/10, 1955, that I last saw the deceased alive on 5/9, 1955, and that death occurred at 10:30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) Annie M. Bradford, MD ADDRESS Pocomoke, Md DATE SIGNED 5/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/15/55 — NAME OF CEMETERY OR CREMATORY Mt. Zione Cem. — LOCATION (City, town, or county) (State) Painter, Va.

DATE REC'D BY LOCAL REGISTRAR May 16, 1955 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Edgar and Soto — ADDRESS New Church, Va.

5137

05143

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Ocean City — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. 47 X
STREET ADDRESS (If rural, give location) 1001 13th St N.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Madison	MAGGITTI	MAY	20	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWER	JAN. 21, 1886	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		ITALY	U.S.A.

13. FATHER'S NAME: PHILLIP MAGGITTI
14. MOTHER'S MAIDEN NAME: FILOMENA RUGGIERO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no NO	-	JOHN M. MAGGITTI JR. 1303 N. ROONEY WILMINGTON, DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis due to	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart disease	6 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis 6 yrs ago

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Private Hotel	Dorchester St. Ocean City,		Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman A. Rabkin	M.D. Asst Dy Cor	Berlin, Md	5/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	May 25, 1955	Cathedral	Wilmington	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/55	Helen V. Hayward Lt	Emma R. Burbage	Berlin Md

VS. A15A

05144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5138

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Newark
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Mary (Middle) Elizabeth (Last) Timmons

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	Feb. 12, 1886	69 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Berlin Md	U.S.A.

13. FATHER'S NAME: Edward Denman

14. MOTHER'S MAIDEN NAME: Elizabeth Wideon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		NW	Mr. William Timmons Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (B) DUE TO Chas Nephritis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1955, to May., 1955, that I last saw the deceased alive on May 16-, 1955, and that death occurred at 6A M, from the causes and on the date stated above.

SIGNATURE Chas. R. Law, M.D. ADDRESS Berlin DATE SIGNED May 19-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	5/20/55	Evergreen	Berlin / Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-20-55	Elwyn Cooper	Anna A. Burbage	Berlin Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05145

5139

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) LEG (Middle) WASHINGTON (Last) WARREN

4. DATE OF DEATH: (Month) MAY (Day) 12 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: APRIL 10, 1866

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOCTOR, LUMBER

10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): WENNGO. MD.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN SAMUEL WARREN

14. MOTHER'S MAIDEN NAME: MARTHA ADELINE JARMUIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. L.W. WARREN, BERLIN MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Occlusion	5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized Arteriosclerosis	4 years
	DUE TO (C) Senility	4 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None	

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1954, to May 12, 1955, that I last saw the deceased alive on May 11, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE T. J. O'Donnell ADDRESS M. D. Berlin Md. DATE SIGNED May 13, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | DATE THEREOF: 5/14/55 | NAME OF CEMETERY OR CREMATORY: EVERGREEN | LOCATION (City, town, or county) (State): BERLIN MD

DATE REC'D BY LOCAL REGISTRAR: 5-14-55 | REGISTRAR'S SIGNATURE: Helen F Hayward | 24. FUNERAL DIRECTOR: Duncan A. Burbage | ADDRESS: Berlin Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53